



PORT CLINTON WRESTLING TOURNAMENT



SATURDAY MARCH 21, 2009

SPONSORED BY THE PORT CLINTON WRESTLING CLUB, INC.

Qualifier for the Ohio Tournament of Champions

Location: Port Clinton H.S., 821 S. Jefferson St., Port Clinton, Ohio
Entry: \$12.00 postmarked by March 7, 2009 (Early entries recommended)
\$15.00 after March 7, 2009

Checks Payable to: Port Clinton Wrestling Club
Mail to: Port Clinton W. C. P.O. Box 674, Port Clinton, OH 43452
Questions: e-mail John Hazzard at jhazzard@pccsd.net or call 419-967-0987
Weigh-in: ABSOLUTELY NO PHONE-IN WEIGHTS

March 20, 2009 - Friday 7:00 - 8:30 pm Must weigh-in at Tourney site
March 21 2009 Saturday Division 0,I,II 6:30 -8:00 am.

Division III,IV,V 8:30-10:00a.m

Table with 2 columns: DIVISION and AGE. Rows include 0 (6 AND UNDER), I (7 - 8 YRS.), II (9 - 10 YRS.), III (11 - 12 YRS.), IV (13 - 14 YRS.), V (15 - 18 YRS.).

WEIGHTS

All weights will be determined at the tournament.



OhioWrestler.com TOP 20 LIST

(By date of tournament, must be 18 or younger and enrolled in H.S. to participate) *Birth certificate must be presented if challenged.
Time: Wrestling begins at 9:00am - 0, I, II; Approx. 12:00pm - III, IV, V
Rules: 2 - 1 1/2 minute period - No referees position - out of bounds or lack of activity results in neutral start. - 10 point tech fall. - Sudden death O.T. - Double elimination or round robin, pending in numbers, except in championship final - CERTIFIED WRESTLING OFFICIALS.
Dress: Shorts & T-shirt - prefer singlet (no sweats)
Awards: 1st, 2nd, 3rd, 4th place
Admission: Adults: \$3.00 Students: \$2.00 Family Pass \$6.00
Hot and cold food served all day. (No coolers in gymnasium)

-----PLEASE PRINT-----

NAME _____ PHONE _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE(as of 3/21/09) _____ WEIGHT _____

In consideration for acceptance of this entry for the Port Clinton Wrestling Tournament, March 21, 2009, I hereby waive and release for myself, my heirs, and administrators, all rights and claims for damage against the Port Clinton School Board of Education, the Port Clinton Wrestling Club, the Port Clinton wrestling team, sponsors, committees, and officials from any and all injuries suffered by me directly, or indirectly, at this tournament.

DATE _____ WRESTLER SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

NOTE: THIS ENTRY FORM WILL NOT BE ACCEPTED UNLESS ALL SIGNATURES ARE PRESENT!!!!

Copy of Entry Form provided by www.OhioWrestler.com with permission of Port Clinton Wrestling Club per Josie Matthews

